



INSPECTION REQUESTS

NOTE: Do not call from a cell phone due to possible interference – these calls often come in as pure static and we can't schedule your inspection.

Call our inspection line anytime at **(425) 587-3605** (24-hour voicemail system) or go to www.mybuildingpermit.com and click on the Inspections tab to request an inspection. ***If pouring concrete, please specify time of pour.***

INSPECTION REQUESTS are available ONLINE if made by 3:00 PM the business day before the inspection is needed at: The MyBuildingPermit.com website www.MyBuildingPermit.com

All Phone inspection requests must be received by 3:00P.M. pm the business day before the inspection is needed.

All requests received on a Holiday or after 3:00PM will be scheduled on the 2nd business day following the request.

Inspectors are available by telephone at the Building Department line: (425) 587-3600 between 7:00 am to 7:30 am OR 3:00 pm to 3:30 pm, Monday through Friday.

Requests must contain the following information:

- **Date of inspection request, A.M. or P.M. preference, or concrete pour time if necessary**
(We will make every attempt to meet your request)
- **Permit number** –starts with BLD,ELE, or SGN (E-permits start with E and the last 2 digits of the year: example E08)
- **Owner/applicant name** as it appears on the permit
- **Site address** as it appears on the permit
- **Type of inspection being requested**
- **Contact name and phone number**

Your Permit number:

DATE of Inspection: _____ **TIME:** _____ ☐ AM ☐ PM **PERMIT #** _____

APPLICANT NAME/PROJECT NAME: _____

SITE ADDRESS: _____ **BLDG #** _____ **LOT #** _____

- | | | |
|--|---|--|
| <input type="checkbox"/> CEILING COVER / SEISMIC | <input type="checkbox"/> GAS PIPING | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ELECTRICAL COVER | <input type="checkbox"/> INSULATION | <input type="checkbox"/> SLAB ON GRADE |
| <input type="checkbox"/> ELECTRICAL SERVICE | <input type="checkbox"/> LATH & GYPSUM SHEATHING | <input type="checkbox"/> SUBFLOOR |
| <input type="checkbox"/> FOOTINGS | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> SUSP ACOUSTICAL CEILING FRAMING |
| <input type="checkbox"/> FIRE RES PENETRATIONS/FIRE STOPPING | <input type="checkbox"/> PLUMBING/GROUNDWORK | <input type="checkbox"/> TEMP. POWER |
| <input type="checkbox"/> FLASHING & EXTERIOR WEATHER BARRIER | <input type="checkbox"/> ROOF SHEATHING | <input type="checkbox"/> UNDERGROUND _____ |
| <input type="checkbox"/> FOUNDATION WALL | <input type="checkbox"/> ROOFING | <input type="checkbox"/> WALL SHEATHING |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> FIRE RATED WALLBOARD FASTENERS | <input type="checkbox"/> WATER LINE |
| <input type="checkbox"/> FLOOR SHEATHING | <input type="checkbox"/> FINAL – C of O | <input type="checkbox"/> MISC. |
| <input type="checkbox"/> REINSPECT <input type="checkbox"/> CALL FIRST _____ | | |

Contact Name: _____

Phone: _____

Special Instructions: _____